

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-95

NAME CYPRUS THOMPSON CREEK MINING C
ADDRESS P.O. BOX 62
CLAYTON ID 83227

ID0025402

PERMIT NUMBER

001 A

DISCHARGE NUMBER

F - FINAL DISCHARGE MONITORING REPORT

OCT 16 1987

FACILITY

LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
87	09	01	87	09	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MAJOR (SUBROUTINE) SECTION
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
P4	SAMPLE MEASUREMENT	*****	*****		-	1 *****	-	-		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	-	-	-		
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	20 DAILY AV	30 DAILY MX		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0	0		*****	*****	*****			
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****	DAILY	
	SAMPLE MEASUREMENT				AERO	FLOW				
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. G. Janes, General Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

208 838-2200

AREA
CODE

NUMBER

DATE

87 10 13

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME CYPRUS THOMPSON CREEK MINING C
ADDRESS P.O. BOX 62
CLAYTON ID 83227

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

100025402

PERMIT NUMBER

002 A

DISCHARGE NUMBER

Form Approved,
OMB No. 2040-0004
Approval Expires 9-30-85
RECEIVED
F - FINAL DISCHARGE
PAT HUGHES CREEK
OCT 16 1987

FACILITY

LOCATION

ATTN: Bert Doughty, State Compliance Inspector

MONITORING PERIOD

FROM YEAR 87 MO 09 DAY 01 TO YEAR 87 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

WATER COMPLIANCE SECTION

MAJOR (SUB) REGION 10
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (60-61)	AVERAGE (62-63)	MAXIMUM (64-65)	UNITS (66-67)			
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8		0	Wkly Grab	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	3	3		0	Wkly Grab	
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	20 DAILY AV	30 DAILY MX	MG/L		WEEKLY GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.029	0.045		*****	*****	*****		0	Daily	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
C. G. James, General Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 838-2200	87	10	13
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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